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APPLICANTS

Weidong Yang, Milpitas, CA;
 Roger R. Lowe-Webb, Sunnyvale, CA;
 Silvio J. Rabello, Palo Alto, CA; DR

**** CONTINUING DATA *******

DR

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	5	36	5

ADDRESS

Silicon Valley Patent Group LLP
 18805 Cox Avenue
 Suite 220
 Saratoga, CA 95070
 UNITED STATES

TITLE

Local process variation correction for overlay measurement

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